S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17410

FILED JUN 8 1943

Registration District No. 42 Primary Registration District No. 1002

State File No. ______ Registrar's No. 570

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Buchanon
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1208 Faraon St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ______ In this community 2 wks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1208 Faraon
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ______

3. (a) PRINT FULL NAME Margaret G. McPherson
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Eugene
6. (c) Age of husband or wife if alive ______ years
7. Birth date of deceased April 10 1868 (Month) (Day) (Year)
8. AGE: Years 75 Months 0 Days 28 If less than one day ______ hr. ______ min.
9. Birthplace ______ (City, town, or county) Wisconsin (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ______
FATHER 12. Name George Edwards
13. Birthplace ______ (City, town, or county) Penn (State or foreign country)
MOTHER 14. Maiden name Hanna Johnson
15. Birthplace ______ (City, town, or county) N.Y. (State or foreign country)
16. (a) Informant Mrs Helen Brown
(b) Address 1208 Faraon
17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 5-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation Tarkio, Mo.
18. (a) Signature of funeral director Meierhoffer & Son Inc
(b) Address 1946 Calhoun St
19. (a) 5-9-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th year 1943 hour 5 minute ______ P.M.
21. I hereby certify that I attended the deceased from May 6, 1943, to May 8, 1943, that I last saw her alive on May 8, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	Sudden
Due to ______	
Due to ______	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	
Major findings: Of operations ______	PHYSICIAN
Of autopsy ______	Underline the cause to which death should be charged statistically.

8 3a

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ______
(b) Date of occurrence ______
(c) Where did injury occur? ______ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ______ (Specify type of place)
While at work? ______ Means of injury ______
23. Signature Mrs Raymond L. Smith DO (M.D. or other)
Address 223 Kirkpatrick Ave St Joseph, Mo. Date signed 5/10/43

1233 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me; ~~or by~~ .....

..... Registered ~~Apprentice~~ No. .....,

working under my personal supervision.

Signed Robert L Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.